



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: VALLEY SURGERY CENTER
Street Address: 220 E. Virginia Street
City: Evansville
County: Vanderburgh
Administrator Name: Michelle Hodoval
Administrator Email: michelle.hodoval@covenantssp.com
ASC Web Address:
Fiscal Year: 2017
Accredited: Yes No
Name of Accrediting Body: AAAHC
Deemed Status: Yes No
Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

| | |
|---------------------------|---|
| Number of operating rooms | 2 |
| Number of procedure rooms | 1 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 2942 | 4330 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 66984 | 2848 | |
| 66821 | 678 | |
| 67042 | 161 | |
| 66982 | 137 | |
| 67108 | 130 | |
| 67036 | 70 | |
| 67113 | 63 | |

| | |
|-------|----|
| 67039 | 30 |
| 65756 | 24 |
| 65855 | 74 |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 0 |
|--|---|